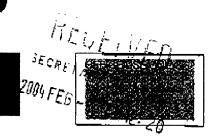


APPLICATION FOR CERTIFICATION



Pursuant to Arizona Revised Statutes §§16-947 and 948 and AAC R2-20-104 (D)

Initial Application Amended Application			FILERID 0004-93131	
NAME OF CANDIDATE Paul Valach		OFFICE SOUGHT (include Legistative District, If applicable) 日のSC - ムク/す		
ADDRESS (NUMBER & STREET)		CITY	STATE	ZIP
10449 W. Palm Lone		Avendale	143	85723
MAILING ADDRESS (if different from above)		CITY	STATE	ZIP
(
CANDIDATE'S TELEPHONE #	CANDIDATE'S FAX#	CANDIDATE'S E-MAIL ADDRE	.5S	
623-907-5544		Paul valach @ acl. com		
CANDIDATE'S PARTY AFFILIATION (if any)				
Democrat				
NAME OF CANDIDATE'S COMMITTEE				
Valach Con Heise				
COMMITTEE'S ADDRESS		CITY	STATE	ZIP
	- Palm Lone	Avandel	47	४८३८३
COMMITTEE'S PHONE #	COMMITTEE'S FAX#	COMMITTEE'S E-MAIL ADDRESS		
623-907-5544		part volce (earl, com		
NAME OF DESIGNATED INDIVIDUAL WITH AUTHORITY TO WITHDRAW FUNDS (IF APPLICABLE) (A.R.S. §18-948)				
Pail Valach				
DESIGNATED INDIVIDUAL'S ADDRESS		CITY	STATE	ZIP
10449 W. Pa	lan Lane	Avendale	4 6	15728
DESIGNATED INDIVIDUAL'S TELEPHONE	DESIGNATED INDIVIDUAL'S FAX #	DESIGNATED INDIVIDUAL'S E-MAIL ADDRESS		
*627-907-5544		pauluclair @ ad. com		
LIST THE NAME OF THE FINANCIAL INSTITUTION FROM WHICH THE CANDIDATE AND THE DESIGNATED INDIVIDUAL WILL CONDUCT ALL FINANCIAL ACTIVITY FOR THE CANDIDATE'S CAMPAIGN COMMITTEE (do not list account number). (A.R.S. §16.948/A)). Heritage Bank or Bank of America				

DESIGNATED CANDIDATE'S STATEMENT (if applicable) (A.R.S. §16-948(B)): I hereby designate ______ as my duly authorized Designated Individual, with the authority to withdraw funds and make expenditures from my campaign account on my behalf.



CCEC-003-APP/CERT-08/28/01